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# UTILITY PATENT APPLICATION TRANSMITTAL

*(Only for new nonprovisional applications under 37 CFR 1.53(b))*

Title of Invention

## Animal Model For Flaviviridae Infection

*Named Inventor(s)*

James R. Jacob, *et al.*

Attorney Docket

07907.105007

Express Mail Label No.

**EK566763510US**

## APPLICATION ELEMENTS

ADDRESS TO: Assistant Commissioner of Patents  
Box Patent Application  
Washington, D.C. 20231

## ACCOMPANYING APPLICATION PARTS

1. ☒ Fee Transmittal Form  
(Submit an original, and a duplicate for fee processing)
2. ☒ Applicant claims small entity status. See 37 CFR 1.27.
3. ☒ Specification, Claims,  
and Abstract      Total Pages 43
4. ☒ Drawings      Total Sheets 17
5. Oath or Declaration      Total Pages 6
- a. ☒ Unexecuted (original or copy)
- b. ☐ Copy from prior application (37 CFR 1.63(d))  
(for continuation/divisional with Box 17  
completed)
- (i) ☐ DELETION OF INVENTOR(S)  
Signed statement attached deleting  
inventor(s) named in the prior  
application, see 37 CFR 1.63(d)(2)  
and 1.33(b).
6. ☐ Application Data Sheet. See 37 CFR 1.76.
7. ☐ CD-ROM or CD-R in duplicate, large table or  
Nucleotide and/or Amino Acid Sequence  
Submission (if applicable, all necessary)
- a. ☐ Computer Readable Form (CRF)
- b. Specification Sequence Listing on:
- i. ☐ CD-ROM or CD-R (2 copies); or
- ii. ☐ paper
- c. ☐ Statement verifying identity of above copies

- |     |                                     |   |
|-----|-------------------------------------|---|
| 9.  | <input checked="" type="checkbox"/> | Assignment Papers (cover sheet & document(s))                           |
| 10. | <input type="checkbox"/>            | 37 CFR 3.73(b) Statement<br>(when there is an assignee)                 |
|     | <input type="checkbox"/>            | Power of Attorney by assignee   |
| 11. | <input type="checkbox"/>            | English Translation Document (if applicable)                            |
| 12. | <input type="checkbox"/>            | Information Disclosure Statement (IDS)<br>PTO-1449                      |
|     | <input type="checkbox"/>            | Copies of IDS Citations   |
| 13. | <input type="checkbox"/>            | Preliminary Amendment   |
| 14. | <input checked="" type="checkbox"/> | Return Receipt Postcard (MPEP 503)<br>(Should be specifically itemized) |
| 15. | <input type="checkbox"/>            | Certified Copy of Priority Document(s)                                  |
| 16. | <input checked="" type="checkbox"/> | Other: Check \$ 720.00  |

17. If a **CONTINUING APPLICATION**, check appropriate box and supply the requisite information:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: \_\_\_\_\_  
 Prior application information: Examiner: \_\_\_\_\_  
 Group/Art Unit: \_\_\_\_\_

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 5b, is considered as being part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

18. CORRESPONDENCE ADDRESS:

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**FEE TRANSMITTAL**Attorney Docket No. 07907.105007 COR

This sheet accompanies a patent application transmittal for the following application:

Inventor(s): James R. Jacob, et al.  
Filing Date: December 1, 2000  
Title: Animal Model for Flaviviridae Infection

The filing fee is calculated as shown below:

1. **FILING FEE:**

		SMALL ENTITY		LARGE ENTITY	
FOR:		FEE	FEE PAID	FEE	FEE PAID
<input checked="" type="checkbox"/> UTILITY FILING FEE		\$370	\$370	\$710	\$
<input type="checkbox"/> DESIGN FILING FEE		\$160		\$320	
<input type="checkbox"/> PLANT FILING FEE		\$245		\$490	
<input type="checkbox"/> REISSUE FILING FEE		\$355		\$710	
<input type="checkbox"/> PROVISIONAL FILING FEE		\$75		\$150	
SUBTOTAL (1)			\$ 370.00		\$

2. **CLAIMS:**

		SMALL ENTITY			LARGE ENTITY	
FOR:	NO. FILED	NO. EXTRA	RATE	FEE	RATE	FEE
TOTAL CLAIMS	25-20 =	5	x \$9 =	\$45.00	x \$18 =	
INDEP. CLAIMS	7-3 =	4	x \$42 =	\$168.00	x \$80 =	
<input checked="" type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENTED			+\$140 =	\$ 140.00	+\$270 =	
SUBTOTAL (2)				\$353.00		\$

3. **ADDITIONAL FEES:**

		SMALL ENTITY		LARGE ENTITY	
FOR:		FEE	FEE PAID	FEE	FEE PAID
<input type="checkbox"/> LATE FILING, FEE OR OATH		\$65		\$130	
<input type="checkbox"/> NON-ENGLISH SPECIFICATION		\$130		\$130	
<input type="checkbox"/> OTHER					
SUBTOTAL (3)					

**TOTAL FILING FEES: \$ 723.00**

A check is enclosed for the total amount: \$ 720.00

☒ Charge any additional fees required under 37 C.F.R. 1.16 or 1.17 to Deposit Account 11-0980.

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Date: December 3, 2001